



# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 DEC 13 AM 9:24

<b>DOCUMENT # L04000044514</b> 1. Entity Name <b>PTM ENTERPRISES, LLC</b>					
Principal Place of Business <b>608 NORTH ALEXANDER STREET PLANT CITY, FL 33566</b>			Mailing Address <b>608 NORTH ALEXANDER STREET PLANT CITY, FL 33566</b>		
2. Principal Place of Business <b>20748 6th Avenue W.</b> Suite, Apt. #, etc.		3. Mailing Address <b>20748 6th Avenue W.</b> Suite, Apt. #, etc.			
City & State <b>Summerland Key, FL</b>		City & State <b>Summerland Key, FL</b>		4. FEI Number <b>11042005 REIN-LLC CR2E101 (6/04)</b>	
Zip <b>33042</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SMITH, KEITH C ESQ. 121 NROTH COLLINS STREET PLANT CITY, FL 33566</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE: / Paul J. Murphy, MD</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date <b>305-745-3780</b> Daytime Phone #	